ALL-TERRAIN VEHICLE PERMIT APPLICATION

CLENDENIN, WV

DATE _____

PAID $_____

CASH CHECK CC

RECEIPT # _____

PERMIT YEAR: 2022

RESIDENT PERMIT # ASSIGNED: _____

NON-RESIDENT PERMIT # ASSIGNED: _____

OWNER/OPERATOR INFORMATION

PLEASE PRINT

OWNER NAME (LAST FIRST MIDDLE)			DRIV LIC	STATE	18 or OVER	SAFETY
OWNER ADDRESS			TELEPHONE		**RESIDENT?**	
CITY	STATE	ZIP	ALT PHONE		E-MAIL	
AUTHORIZED OPERATOR 1			DRIV LIC	STATE	18 or OVER	SAFETY
AUTHORIZED OPERATOR 2			DRIV LIC	STATE	18 or OVER	SAFETY
AUTHORIZED OPERATOR 3			DRIV LIC	STATE	18 or OVER	SAFETY

VEHICLE INFORMATION

PLEASE PRINT

YEAR	MAKE	MODEL	TYPE (ATV, UTV, GOLF CART)
VIN			COLOR

INSURANCE COMPANY	POLICY #	EFFECTIVE DATES FROM	TO
INSURANCE PHONE #	AGENT NAME		

State Registered SPV _____ Yes _____ No If yes, plate # _____

By my signature below I affirm that I have received a copy of the Town of Clendenin, WV Traffic Ordinance Chapter 3, Article 16, which pertains to All-Terrain Vehicle operations within the corporate limits of the Town of Clendenin. I affirm that I have read and understand the regulations/rules and will operate my ATV within those regulations and will be responsible for the lawful operation of the ATV whether operated by me, or those authorized by me as operators.

_____ _____

OWNER'S SIGNATURE **DATE OF APPLICATION**

========== DO NOT WRITE BELOW THIS LINE ==========

SAFETY COMPLIANCE CHECK

APPLICATION COMPLETED IN ITS ENTIRETY		BRAKE LIGHT – FUNCTIONAL		
INSURANCE CERTIFICATE COPY MADE / ATTACHED		AUDIBLE BELL / HORN		
DRIVER'S LICENSE COPY MADE / ATTACHED		REAR-VIEW MIRROR		
HEADLIGHTS - OPERATIONAL		EXHAUST WITHIN COMPLIANCE		
TAILLIGHTS - OPERATIONAL		SAFETY BRIEFING / TRAINING -OWNER & OPERATORS		
TURN SIGNAL -OPERATIONAL		PERMIT STATUS	YES	NO

Police Officer Issuing Permit: _____ Date: _____